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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notification	below or directed other	erwise in Block 1, by ((a) specifying a new corre	spondence address; a	nd/or (b) indicating a sep	parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
49437 7590 05/20/2008 BARNES & THORNBURG LLP (Roche) 11 SOUTH MERIDAN STREET INDIANAPOLIS, IN 46204				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.
09/555,718 TITLE OF INVENTION: IN	01/12/2001 NSTRUMENT SETUP	UTILITY PROGRAM	Carol Jane Batman		5727-65998	8938
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	TEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	08/20/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
VU, THONG H		2619	709-200000	•		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address Indication form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address Indication form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address Indication form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address Indication form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address Indication form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address Indication form agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. The PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Roche Diagnostic Operations, Inc. Indianapolis, IN Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
4a. The following fee(s) are submitted: **Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit overpayment, to Deposit Account Number 10-0435 (enclose an extra copy of this						ficiency, or credit any
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and Puinterest as shown by the reco	ablication Fee (if require	red) will not be accepted	from anyone other than the			
Authorized Signature	// / /	1 Mm		Date <u>May</u>	23, 2008	
Typed or printed name Richard D. Conard Registration No. 27321						
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